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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No.

2010-494

13 **HSIU-HUI CHEN**
14 **AKA HSIU-HUI SHIH CHEN**
41156 Canyon Heights Drive
Fremont, CA 94539
Registered Nurse License No. 287962

ACCUSATION

15 Respondent.

16
17 Complainant alleges:

18 PARTIES

19 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her
20 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
21 of Consumer Affairs.

22 2. On or about April 30, 1978, the Board of Registered Nursing issued Registered Nurse
23 License Number RN 287962 to Hsiu-Hui Chen, aka Hsiu Hui Shih Chen ("Respondent"). The
24 Registered Nurse License was in full force and effect at all times relevant to the charges brought
25 herein and will expire on September 30, 2011, unless renewed.

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1 8. California Code of Regulations, title 16, section 1443, states:

2 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the
3 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and
4 exercised by a competent registered nurse as described in Section 1443.5."

5 9. California Code of Regulations, title 16, section 1443.5, provides in relevant part:

6 "A registered nurse shall be considered to be competent when he/she consistently
7 demonstrates the ability to transfer scientific knowledge from social, biological and physical
8 sciences in applying the nursing process, as follows:

9 "(1) Formulates a nursing diagnosis through observation of the client's physical condition,
10 and behavior, and through interpretation of information obtained from the client and others,
11 including the health team.

12 "(2) Formulates a care plan in collaboration with the client, which ensures that direct and
13 indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and
14 for disease prevention and restorative measures.

15 "(3) Performs skills essential to the kind of nursing action to be taken . . .

16 . . .

17 "(5) Evaluates the effectiveness of the care plan through observation of the client's
18 physical condition and behavior, signs and symptoms of illness, and reactions to treatment and
19 through communication with the client and health team members, and modifies the plan as
20 needed.

21 . . .

22 COST RECOVERY

23 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
24 administrative law judge to direct a licentiate found to have committed a violation or violations of
25 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
26 enforcement of the case.

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RELEVANT MEDICATIONS

11. Morphine Sulfate is a Schedule II controlled substance as defined in Health and Safety Code section 11055(b)(1), prescribed for relief of severe pain. It is to be used with caution in geriatric patients who are at an increased risk of respiratory complications (respiratory depression, respiratory arrest and/or apnea) from administration of this opioid analgesic. Accordingly, if a patient's respiratory rate is at or below 12 breaths per minute, Morphine Sulfate should not be administered.

12. Benadryl ("Diphenhydramine Hydrochloride") is an antihistamine. It is reported to have increased side effects in person 60 years and older, and can enhance the depressant effects of medications like Morphine Sulfate. One of the uses of Benadryl is to thwart and/or prevent minor allergic reactions to patients who are scheduled to receive blood transfusions.

13. Narcan ("Naloxone Hydrochloride") is an opioid antagonist. It is used to reverse the respiratory depressant effects caused by opioids like Morphine Sulfate.

STATEMENT OF FACTS

14. Respondent at all relevant dates was a Registered Nurse, employed at Kaiser Permanente Medical Center ("Kaiser") in Hayward, California. She was assigned to the medical-surgical floor and worked the evening shift that began at 4:00 p.m. and ended at 12:30 a.m.

15. On March 22, 2008, patient M.W. ("M.W."), an 86-year-old woman fell at home and fractured her right hip. She was initially taken to Eden Medical Center in Castro Valley. On March 23, 2008, M.W. was transferred to Kaiser and on admission it was noted that she had sustained respiratory depression at Eden Medical Center upon being medicated with Dilaudid.¹

16. On March 23, 2008, M.W. underwent surgery for her fractured right hip.

¹ Dilaudid ("hydromorphone hydrochloride") is a narcotic analgesic prescribed for relief of moderate to severe pain.

1 17. On the morning of March 25, 2008, it was noted that M.W.'s oxygen saturation levels
2 had decreased to 89% while being given 2 liters of oxygen by way of a nasal cannula. She was
3 diagnosed with hypoxia, thought to be due to anemia as a result of the surgery. Her attending
4 physician ordered that she be transfused and that supplemental oxygen provided by a face mask.

5 18. Respondent assumed care of M.W. on the evening of March 25, 2008. Her relevant
6 medication orders then included the following:

7 a. Benadryl 25 mg, to be given intravenously prior to starting the blood transfusion.

8 b. Morphine Sulfate 2 mg, to be given intravenously prn every hour, for a pain scale
9 level 3-6/10.²

10 c. Morphine Sulfate 4 mg, to be given intravenously prn every hour, for pain scale of
11 7-10/10.

12 19. Respondent noted M.W.'s vital signs at 5:00 p.m. Her blood pressure was 90/57
13 (erroneously recorded in the column for "pain management"), pulse was 96 and her respiratory
14 rate of 12 breaths per minute.³ Her oxygen saturation level was noted to be 100% with
15 supplemental oxygen being delivered by a face mask and Respondent noted that M.W. had
16 decreased breath sounds in both lungs.

17 20. At approximately 6:25 p.m., Respondent administered an intravenous dose of
18 Benadryl 25 mg in anticipation of M.W. receiving a blood transfusion. The blood transfusion
19 was started at 7:25 p.m. by Respondent. There was no reference to M.W.'s vital signs prior to
20 beginning the transfusion.

21 21. Two hours later, at 8:25 p.m., Respondent gave M.W. 2 mg of Morphine Sulfate
22 intravenously. There was no nursing documentation of M.W.'s vital signs including respiratory
23 status (character, depth and rate of respirations) and/or oxygen saturation levels prior to the
24 administration of the Morphine Sulfate. There was no documentation in the Medication

25 _____
26 ² Pain assessment is considered the "fifth vital sign." Kaiser's protocols set forth the
27 following pain level range: "0" (no pain); "3-4" (mild discomfort); "5-6" (mild pain); "7-8"
(moderate pain); and "9-10" (severe pain).

28 ³ A normal respiratory rate for an adult is between 15 to 20 breaths per minute.

1 Administration Record of M.W.'s pain level to support Respondent administering this
2 medication. There was no follow-up in the nursing documentation to indicate if M.W.'s pain had
3 been relieved by the Morphine Sulfate.

4 22. At 9:00 p.m., approximately an hour and a half after starting the blood transfusion
5 M.W.'s blood pressure was 115/76, pulse 91, respiratory rate 16 breaths per minute. However,
6 her oxygen saturation level had decreased to 98%.

7 23. At 9:30 p.m., Respondent medicated M.W. with 4 mg of Morphine Sulfate, given
8 intravenously. There was no nursing documentation of M.W.'s respiratory rate immediately
9 before administration of this narcotic. There was no reference in the Medication Administration
10 Record of M.W.'s pain level to support administration of the increased dose of Morphine Sulfate.
11 There was no follow-up in the nursing documentation to indicate if M.W.'s pain had been
12 relieved by the Morphine Sulfate.

13 24. At 11:15 p.m., M.W.'s blood transfusion had completely infused. Respondent found
14 M.W. to be pale, with a weak pulse and an unobtainable blood pressure. A "code blue" was
15 called and part of the resuscitation efforts included intravenous administration of Narcan, a
16 narcotic antagonist (given to reverse the respiratory depressant effect of the Morphine Sulfate).
17 Once stabilized, she was transferred to the Intensive Care Unit and placed on a ventilator.
18 Further respiratory complications developed and she expired on March 28, 2008.

19 FIRST CAUSE FOR DISCIPLINE

20 (Failure To Assess Respiratory Status)

21 25. Respondent is subject to disciplinary action under Code section 2761, subdivision (a)
22 (1) in that her failure to assess M.W.'s respiratory status prior to administering Morphine Sulfate,
23 a medication known to cause respiratory depression, constituted an extreme departure from the
24 standard of nursing care and/or was not the practice of a competent nurse as set forth above in
25 paragraphs 18 through 24, above.

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26. Respondent is subject to disciplinary action under Code section 2761, subdivision (a)(1) in that her administration of Morphine Sulfate intravenously to a geriatric patient, who had a recent history of respiratory depression with Dilaudid and who had received Benadryl, a medication known to potentiate the depressant effects of the Morphine Sulfate, demonstrated an extreme departure from the standard of nursing care and/or was not the practice of a competent nurse as set forth in paragraphs 18 through 24, above.

(Failure To Assess Pain Before And After Administration Of Morphine Sulfate)

FOURTH CAUSE FOR DISCIPLINE

28. Respondent is subject to disciplinary action under Code section 2761, subdivision (a) (1) in that her failure to closely monitor M.W. for signs of narcotic overdose, respiratory distress and/or changes in vital signs while receiving narcotics and a blood transfusion demonstrated an extreme departure from the standard of nursing care and/or was not the practice of a competent nurse as set forth in paragraphs 18 through 24, above.

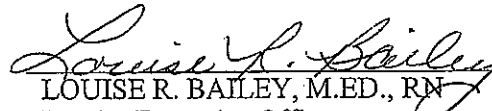
WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

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2. Ordering Hsiu-Hui Chen, aka Hsiu-Hui Shih Chen to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 4/13/10


LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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